

*City of Alexandria, Virginia*  
DEPARTMENT OF FINANCE

**REPORT OF TRANSIENT LODGING TAX**  
**(City of Alexandria Code Section 3-2-141 through 3-2-151)**

<b>REPORTING PERIOD:</b> (Month/Year)	
--	--

Owner Name \_\_\_\_\_ Federal I.D. Number \_\_\_\_\_

Trade Name \_\_\_\_\_ Business License Number \_\_\_\_\_

Business Location \_\_\_\_\_

	<u>Gross Receipts</u>	<u>Number of Room Rentals</u>
	<u>For the Month</u>	<u>Per Night For the Month</u>
1. Total Gross Rentals	\$ _____	_____
2. Allowable Deductions		
A. Exempt Rentals (Over 90 Consecutive Days)	\$ _____	_____
B. Other Exempt Rentals Included in Line 1	\$ _____	_____
C. Exempt Rentals Included in Prior Reports	\$ _____	_____
D. Total Deductions	\$ _____	_____
3. Line 1 Less Line 2D	3A. \$ _____	3B. _____
4. Tax on Gross Receipts (5.5% of Line 3A)	\$ _____	
5. Tax Per Room Per Night (Line 3B x \$1)	\$ _____	
<b>6. Total Tax Due (Line 4 Plus Line 5)</b>	<b>\$ _____</b>	
7. Penalty for Late Payment (10% of Amount on Line 6)	\$ _____	
8. Interest (10% Per Annum on Sum of Amounts on Lines 6 and 7)	\$ _____	
<b>9. Total Tax, Penalty and Interest (Sum of Lines 6, 7 &amp; 8)</b>	<b>\$ _____</b>	
10. Other Non-Taxable Sales (Telephone, Valet, etc.)	\$ _____	
11. Total Gross Receipts (Line 1 plus Line 10)	\$ _____	

I declare that this report has been examined by me and to the best of my knowledge and belief is a true, correct and complete report.

Preparer's Name \_\_\_\_\_ Signature \_\_\_\_\_

The report and tax payment are due on or before the last day of the calendar month following the month being reported.  
Make check payable to the "City of Alexandria". Please return this report with payment to:

Business Tax Audit Unit  
Department of Finance  
City of Alexandria - Miscellaneous Tax  
Dept. 939  
Alexandria, VA 22334-0939  
Telephone: (703) 838-3869